



2123

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Application No.	09/810,865
		Filing Date	March 16, 2001
		First Named Inventor	Stephen J. Brown
		Art Unit	2123
		Examiner Name	Phan, Thai Q.
		Attorney Docket Number	6858P014X5

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Return Postcard Revocation of Power Power of Attorney Statement Under 37 CFR 3.73(b)</div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<div style="border: 1px solid black; padding: 5px; height: 40px;">Remarks</div>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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FEB 25 2004

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	André L. Marais, Reg. No. 48,095 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	02/18/04

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FEB 26 2004
TC 2100

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Date	2-18-2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
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FEE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	09/810,865
Filing Date	March 16, 2001
First Named Inventor	Stephen J. Brown
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METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order Other None
 Deposit Account

**Deposit
Account
Number** 02-2666

Deposit
Account
Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or underpayment of fees as

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>				
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>	<u>Fee Paid</u>
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

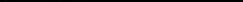
2. EXTRA CLAIM FEES

Total Claims		Claims below	Fee Paid
Independent Claims	- 20** =	<input type="text"/> X <input type="text"/>	= <input type="text"/>
	- 3 =	<input type="text"/> X <input type="text"/>	= <input type="text"/>
Multiple Dependent		<input type="text"/>	= <input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

*For number previously paid, if greater. For Reissues, see below.

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	André L. Marais	Registration No. (Attorney/Agent)	48,095	Telephone (408) 947-8200
Signature			Date	02/18/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 02/10/2004
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